

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10064718

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<u>36</u>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<u>35</u> minus 20 =	<u>15</u>
INDEPENDENT CLAIMS	<u>4</u> minus 3 =	<u>1</u>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** <u>35</u>	<input checked="" type="checkbox"/>
Independent	* <u>2</u>	Minus	*** <u>4</u>	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** <u>35</u>	= <input checked="" type="checkbox"/>
Independent	* <u>3</u>	Minus	*** <u>4</u>	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** <u>35</u>	= <input checked="" type="checkbox"/>
Independent	* <u>2</u>	Minus	*** <u>4</u>	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=	<u>135</u>	OR X\$18=	
X42=	<u>42</u>	OR X84=	
+140=		OR +280=	
TOTAL	<u>547</u>	OR TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number <i>10064718</i>
Substitute for Form PTO-875				

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e))		
TOTAL CLAIMS (37 CFR 1.16(g))	<i>11</i>	minus 20 = <i>0</i>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<i>2</i>	minus 3 = <i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(f))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

RATE	FEES
X \$ ____ =	\$ ____
X \$ ____ =	\$ ____
X \$ ____ =	\$ ____
+ \$ ____ =	\$ ____
TOTAL	

OTHER THAN SMALL ENTITY

RATE	FEES
X \$ ____ =	\$ ____
X \$ ____ =	\$ ____
X \$ ____ =	\$ ____
+ \$ ____ =	\$ ____
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			"	=
Total (37 CFR 1.16(d))	<i>11</i>	Minus	<i>**</i>	<i>=</i>
Independent (37 CFR 1.16(d))	<i>2</i>	Minus	<i>***</i>	<i>=</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			"	=
Total (37 CFR 1.16(d))		Minus	<i>**</i>	<i>=</i>
Independent (37 CFR 1.16(d))		Minus	<i>***</i>	<i>=</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE

OR

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

RATE

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			"	=
Total (37 CFR 1.16(d))	<i>9</i>	Minus	<i>35</i>	<i>=</i>
Independent (37 CFR 1.16(d))	<i>3</i>	Minus	<i>4</i>	<i>=</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE

OR

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

RATE

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.